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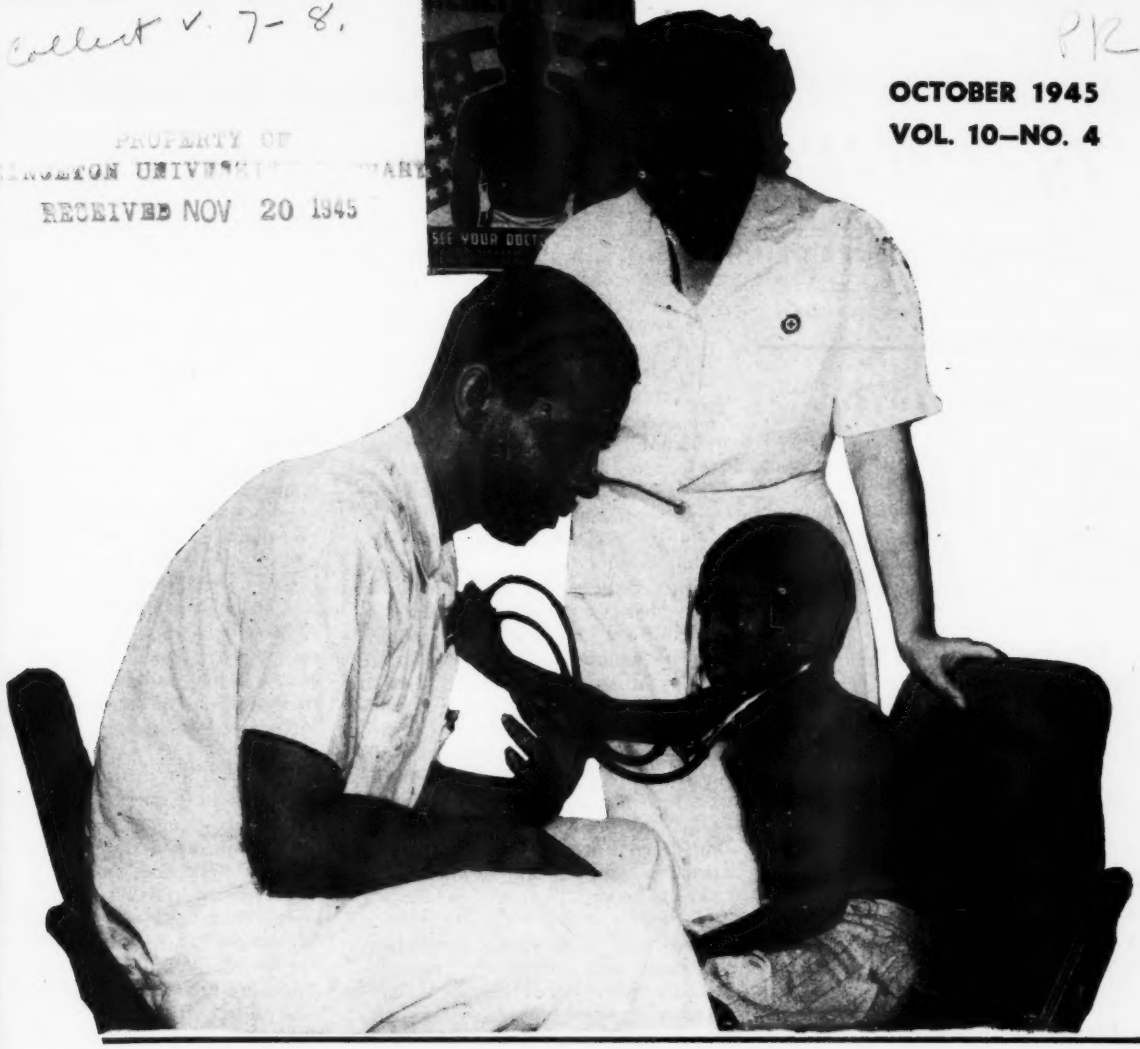

The CHILD

CHILDREN'S BUREAU • U. S. DEPARTMENT OF LABOR

- Health Services for Children Who Follow the Crops
- Uniting To Improve Health of School Children
- States Raise Child-Labor Standards

VOL. 10 · NO. 4 · OCTOBER 1945

The CHILD

MONTHLY BULLETIN

Editor MIRIAM KEELER

Assistant Editor SARAH L. DORAN

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The photograph on the cover, showing a clinic for migratory farm families at a farm-labor supply center was taken by the Office of War Information.

U. S. DEPARTMENT OF LABOR
L. B. SCHWELLENBACH, *Secretary*

CHILDREN'S BUREAU
KATHARINE F. LENROOT, *Chief*

1945 BACK-TO-SCHOOL DRIVE CLOSES

The recent National Back-to-School Drive sponsored jointly by the Children's Bureau and the U. S. Office of Education of the Federal Security Agency demonstrated once again the happy results which can be obtained, given the combination of a worth-while, realistic goal, effective community work, and adequate publicity support.

Although Nation-wide tabulations of current school enrollment and youth employment are not yet available, reports from several communities in many sections of the country indicate that the downward trend in high-school attendance has been stopped, and that the youth of the United States have caught on to the idea that a high-school diploma is worth more than temporary money.

The Children's Bureau is proud and gratified that it had a part in this worth-while and effective campaign, but it is not unmindful of two facts. First, the rise in school enrollment cannot all be credited to the Back-to-School Drive. And secondly, if any credit can be claimed for the drive it belongs to the individual teachers, fathers and mothers, employers, social workers, counselors, and fellow workers who did the grass-roots work—to the numberless national and community organizations which inspired their local chapters and members to support the drive—and to the State governors and departments and the Federal agencies that cooperated not only by issuing valuable and inspiring statements but by doing practical spadework to enable young workers to return to school without unnecessary financial or other loss.

Generous help was given to the drive by the leading information mediums. At the suggestion of the Office of War Information newspapers, magazines, radio stations, the motion-picture industry, cartoonists, and advertisers gave freely of time, talent, and imagination to speed students back to their peacetime pursuits. Back-to-School messages were heard on 34 prominent network radio programs. The War Activities Committee of the motion picture industry enabled us to reach an estimated audience of 28 million by arranging for Bing Crosby to make a Back-to-School movie short.

A long-range development which comes partly as a result of the drive is evidence of a public demand for continuing efforts to encourage youth to return to school. In one State a public official has already suggested that the drive be extended and that it be broadened to appeal to veterans. In other States school officials have indicated that they plan to continue their Back-to-School activities for at least a month after the opening of school. Child-labor officials will increase their efforts to see that child-labor standards are enforced and work permits properly issued.

These are promising trends. And although the Children's Bureau can neither overstep its jurisdiction by sponsoring an appeal to veterans, nor spare the staff needed to carry on intensive publicity for a year-round Back-to-School drive, we are encouraged that citizens have seen the far-reaching implications of the drive and are eager to continue and expand our efforts.

In the wake of the current interest in this phase of child welfare, the Children's Bureau is confident there will follow increased vigilance to enforce existing child-labor regulations and renewed efforts to obtain adequate legislation where inadequate laws are in effect.

Katharine F. Lenroot

KATHARINE F. LENROOT
Chief, Children's Bureau

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A CHANCE FOR BETTER HEALTH COMES TO CHILDREN WHO FOLLOW THE CROPS

Government Medical Services Pioneer in Reaching Out to These Forgotten Children

by IONE L. CLINTON
Industrial Division, U. S. Children's Bureau

Hundreds of thousands of migratory farm families follow the crops in the covered wagons of today. They and their children—not only the older children who work but also the younger children and the babies—live under conditions that continue to be far inferior to an acceptable standard of living. These conditions are a menace to their health, to the health of the communities they live in and to the health of the Nation.

How the children live

Usually migratory farm families travel in crowded trucks. Many have to live in and under the trucks for days at a time. Even when housing of a sort is available it also is likely to be makeshift and dirty and to afford little protection against the weather. Often water is hard to obtain and is unsafe to use for drinking purposes. Toilet facilities and methods of garbage disposal are primitive. It is hard for the families to find a place to bathe and to wash clothes. Their food is kept without refrigeration and often spoils. The lack of screens allows flies and other insects to walk on food and sewage alike. Children work long hours in the fields at too early an age because it is difficult for their fathers to earn enough money without their help. When they get sick they usually cannot get doctors and health services because they cannot afford to pay for them, or do not know how to find them.

All these conditions make the migrants especially likely to get sick and give sicknesses a chance to spread.

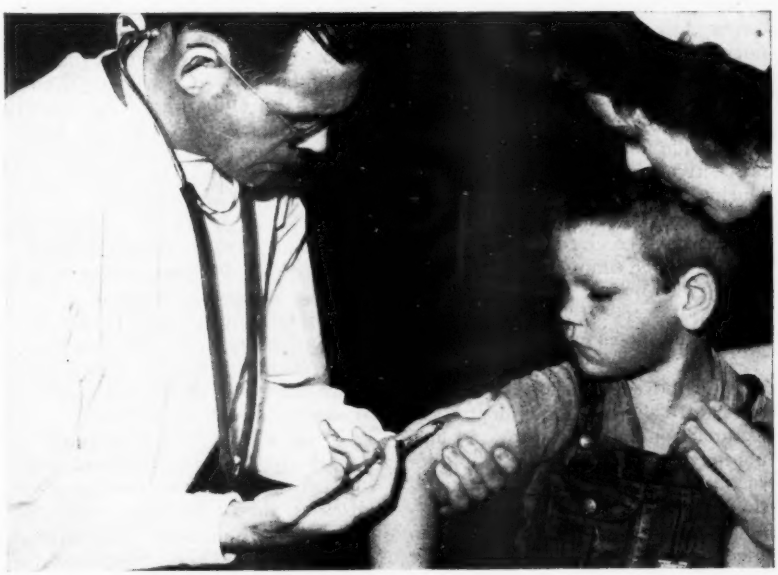
The people in the towns that depend on these workers for the extra hands they need to get out the crops may say: "They are here only 6 weeks; it doesn't matter." But to the migratory families themselves the problem of how to feed, clothe, and shelter the children so as to keep them from getting sick is a perpetual one even though the locality changes.

In recent years some migratory farm families have benefited from special public-health projects planned and carried out with the purpose of supplying health services to these families. The families that these projects are planned for are as a rule not residents of the State or county they are living in at the time they need such services.

A large-scale effort to give medical care to migratory farm families, started by the Farm Security Administration in 1937, is now administered by the Health Services Branch, Office of Labor, United States Department of Agriculture. As a means of utilizing fully the services of local doctors and other health resources in serving the health needs of migratory farm families six corporations called agricultural workers' health associations were formed. These nonprofit corporations extend their services through-

THE DOCTOR AT A FARM-LABOR SUPPLY Center for migratory workers is giving Billy an injection to immunize him against tetanus and diphtheria.

Photograph by Office of War Information



out the country. They engage the services of physicians and dentists, buy drugs and equipment, negotiate with hospitals for care, employ nurses and clerical personnel, and carry on other activities to provide health services without cost to farm workers. This work is described in *Public Health Reports,* March 2, 1945 (Vol. 60, No. 9).

During the last few years, all farm workers and their families that live in farm-labor supply camps or centers (in certain instances, those living in the areas surrounding these centers) have been eligible to the health services which these associations provide.

Probably more than 150,000 persons a year—among them many children of migratory farm families—receive health services through this program. Of these 150,000 persons all but about 40,000 are foreign workers without families. It is only with the services to the children in the domestic migratory families that this article is concerned. Much of the information was obtained from Dr. Henry B. Makover, Senior Surgeon (Reserve), United States Public Health Service, assigned as Chief, Health Services Branch, Office of Labor, United States Department of Agriculture.

The most extensive health services reaching these children are given in the farm-labor camps or centers. Each of these farm-labor centers has a clinic with a registered nurse in charge, which is served by a panel of local physicians and dentists, who attend 2 or more days a week on a rotating basis. These clinics provide a continuous program of preventive services and medical care. During 1945 farm workers' families in 58 farm-labor camps or centers in 12 States received such services. Among the 58 camps were 22 mobile camps with mobile clinics.

To prevent spread of disease

All children entering farm-labor camps are given a general physical examination and if necessary are immunized against smallpox, diphtheria, and whooping cough. Immunization against other diseases—for example tetanus—is given according to the needs of the child and of the region.

Photograph by Office of War Information

A PUBLIC-HEALTH NURSE is showing Juanita, a child in a family of farm migrants, how to attend to her scratched knee, and is supervising her carefully. The nurse is impressing on Juanita importance of caring for even minor injuries.

Children living in the camps are given health education; health supervision in nursery schools; dental services, which include preventive care; and surgery.

3,000 given care in 3 months

Information is not available as to the number of children under 15 years of age in farm-labor camps but it is known that during the first 3 months of 1945 nearly 3,000 children of this age group living in such camps received medical care under this program. Eighty-three of these children were given hospital care for a total of 550 hospital days.

The number of immunizations given was 2,886; of these 2,112 were for smallpox, 547 for diphtheria, and 227 for whooping cough.

A total number of 311 children received dental care. The dental services included nearly 800 fillings, more than 200 treatments, 134 extractions, and other services.

Some of the more important illnesses for which children were treated were: Infectious and parasitic diseases, almost 200 cases; malnutrition, 10; skin diseases, 217; injuries and poisonings, 178; diseases of the respiratory system, 714; and diseases of the digestive system, 218. Six children were treated for acute rheumatic fever and 4 for chronic rheumatic heart disease.

A more limited type of health service consisted of examinations given in recruitment areas to a few migratory farm families who were at that time transported by the War Food Administration. The purpose of this service was to help prevent the spread of communicable diseases and to find out whether the applicants would be able to do the work after their transportation had been provided. An effort was also made to give smallpox vaccinations to those who were accepted.

Another important service is the placing of nurses on many trainloads of workers to care for persons with minor illnesses and to give first aid, to arrange for the services of a doctor or for hospital care in cases of serious illness, and to give simple instructions in personal hygiene.

Records sent to next camp

One of the important features of this Federal program has been the referral of a person's complete medical records to the public-health officers in the next place he is going,

when his destination is known. A card indicating the kind ot immunizations a child has had is given to the parent to carry with him. This referral system forms a basis for continuous treatment as the migrant family follows the crops.

State programs under way

In addition to this Federal public-health program, which came about because of the special needs of economically depressed families that move with the crops and are usually not residents of the State or county where they are working, other efforts to improve the health of migrants may be in the offing. Recently some States, realizing that they are dependent on the labor of migratory farm families, are taking new interest in extending public-health services to them.

For example, in New Jersey a law passed in 1945 establishes a migrant-labor division in the State department of labor. This division has responsibility for cooperating with the State health department in seeing that health services are available to migrant families. At present a survey is being made to find out what kinds of health services are needed in preparation for carrying out the purposes of the new act.

New Jersey also has a law providing that all agricultural migrants who have not been examined for venereal diseases within 90 days before their entrance into the State must have such an examination and if infected must be treated.

Another example of State planning to provide health services is found in New York where State agencies and committees have been cooperating in finding out about the living and working conditions of migratory families and in acting to improve such conditions. During 1945 the State health department has been providing increased facilities for maternal and child health and for the diagnosis and treatment of tuberculosis and of venereal diseases for families in migratory farm camps. Recently public-health nurses have been locally assigned to visit farm-labor camps regularly, to search for evidence of communicable disease, to check on the general health of the families, and to report any condition that requires the attention of a physician to the local or district health officer. Patients unable to pay for needed medical care are referred to the local welfare authorities.

The local welfare officials certify to the need for medical care, and the State welfare department reimburses the local department for such expenditures.

In general, progress has been made in providing health services to migratory farm families. But under present legislation provision is made to operate Federal farm-labor supply centers or camps and to carry on health services for farm workers only until December 31, 1945. What of the health of the migratory families then? Only a few States have developed machinery to provide health services to agricultural migrants. Moreover, the problem of the migratory farm family is of National as well as State importance and many aspects of it require planning and action by the Nation.

What can we do?

In order to understand the problem and to solve it, the people who live in areas that depend on migratory agricultural labor might well (1) visit the migrants to examine and become familiar with the kind of health service available to these families and with their health needs, (2) tell others about the conditions they find and the conclusions they have reached, and (3) work with other local, State, and National groups in making plans, taking action, and passing legislation to provide health services that not only will benefit the migrants but will also help to raise the health level of the whole community.

(This is the first of a series of articles on children in migratory farm families.)

The existence of a class of migrants is a concern to every element of this society of ours of which it is a part. Public stability and the health of our public life require:

That it be reduced to a reasonable volume;

That those who engage in it shall receive the protections and opportunities which society is accustomed to accord to its other workers; and

That they shall not be isolated from the communities which they serve, by aloof or hostile attitudes of residents who may falsely assume that only they are "the community."

Employers, organized laborers, and people of civic spirit are coming to recognize as a principle of sound economy and politics—not simply as a dictate of humanity—that no person who by choice or force of circumstances moves from place to place in order to gain livelihood should lose his human rights as a consequence of migration.

PAUL S. TAYLOR, ***Professor of Economics, University of California, at Institute of Migratory Labor Problems, Princeton, N. J., June 26, 1945.***

A limited supply of reprints of this article will be available from the Children's Bureau, Washington, D. C.

TO IMPROVE HEALTH OF SCHOOL CHILDREN

Report Urges Community Health and Education Departments to Coordinate Health Programs for Children of School Age

All the children in a community will benefit from its public-health activities only when its departments of health and education work together so that the health program of the schools is coordinated with that of the community as a whole. This is one of the conclusions of a subcommittee representing 12 national agencies that sponsor or administer programs affecting the health of school children. This subcommittee has just finished a preliminary investigation to find out what school children need in order to have better health and has prepared a report pointing out these needs and suggesting how they can be fulfilled through strengthening and supplementing the present programs.

Study school health needs

The subcommittee was appointed in January 1945 at a meeting held for the purpose of exchanging information concerning the health of school children, studying the needs of such children, and making recommendations for future action. This meeting, which was called at Washington by Frank S. Stafford, Chief, Health and Physical Education, United States Office of Education, included representatives of the following agencies:

Federal Security Agency:
United States Public Health Service. Committee on Physical Fitness.
United States Office of Education.
United States Department of Labor, Children's Bureau.
United States Department of Agriculture:
War Food Distribution.
Extension Division.
Office of Community War Services, Recreation Division.
American Red Cross.
Office of the Coordinator of Inter-American Affairs.
American Association for Health, Physical Education, and Recreation, National Education Association.
American Public Health Association, School Health Section.
National Organization for Public Health Nursing.

Children of school age, according to the subcommittee, need (1) to have a safe, sanitary, and healthful school environment; (2) to be protected from infections and other conditions that interfere with proper growth and development; (3) to receive adequate medical and dental care, to be well nourished to develop physically, to have wholesome recreation, and to achieve balance and rhythm; (4) to learn how to live healthfully; and (5) to be educated by teachers who are equipped through training, temperament, and health not only (a) to give specific instruction but also (b) to help the children to develop healthful personalities.

That the health needs of school children are not being met is shown by the subcommittee through data from many parts of the United States.

The report points to the fact that in 18 States more than half the school buildings in use are one-teacher schools, adding that this does not mean that one-teacher schools contribute to ill health but that the existence of these schools indicates the need for buildings that can serve all the needs of the whole community.

Selective-service figures are also cited in connection with a study in Hagerstown, Md., to show that large numbers of children had grown to manhood with remediable defects that had been discovered in their school days but that had not been corrected. Referring to the need for immunizations and other preventive measures, the report states that little or no medical service is available to school children in rural areas, where about 50 percent of the Nation's school children live. Public-health nurses provide service, but this is insufficient; in fact, in more than a quarter of the counties there is no public-health-nursing

IT'S LUNCH TIME AT SCHOOL. Joe and Ann are enjoying what nutritionists call a type-A lunch, providing one-third to one-half of the day's food needs.

Photograph by U. S. Department of Agriculture

service, according to the report.

In connection with the need for teachers who can understand the needs of children and help to fulfill them the report quotes from bulletins of the Office of Education, pointing out deficiencies in the average school administrator and classroom teacher and suggesting lines along which efforts might be made to improve the personnel.

Complex program needed

To meet such needs as these effectively will require a complex program, the report states. The complexity results in part from the fact that the school-age child is subject to the concern and influence of numerous agencies, professional groups, and individuals who are interested, officially or unofficially, in programs that affect the health of the community in general and frequently the health of the child in particular.

The two official agencies most likely to sponsor health programs for children are the health and education departments. That the responsibilities of these two agencies are joint and overlapping, the subcommittee suggests, can be shown by filling out a check list of essentials for a school health program. Such a check list is included in the report, with spaces in which the agency carrying the responsibility for each item may be indicated.

Recommendations for action by State and local authorities include the following:

1. Committees comparable to the coordinating committee on the Federal level should be established at the State and local levels between departments of public education and health. These committees may include representatives from professional educational institutions and other agencies and professional groups concerned with the health of the school child.

2. In the department responsible for health instruction, physical education, and health services there should be qualified professional personnel such as physicians, nurses, and educators, all of whom have been trained in school health.

3. A comprehensive program to meet the health needs of school children in any State should provide for:

a. Development or extension of programs in teacher-education institutions to prepare administrators and teachers so that they can participate effectively in the school health program.

b. Appropriate pre-service and in-service education for school-health administrators, teachers, nurses, physicians, dentists, nutritionists, and other specialized health personnel serving the schools.

c. Adequate time allotment for health instruction and physical education of children and for their participation in solving individual and community health problems.

d. Planning for construction and inspection of the school plant and its sanitary provisions and a planned program to insure and utilize a safe and sanitary school environment, including transportation.

e. Thorough school medical examinations including necessary immunization and laboratory procedures.

f. Special testing programs and treatment as needed for abnormalities such as those of vision, hearing, and speech.

g. Cumulative health records including record of nutritional status.

h. A school-lunch program developed as part of the total educational program.

i. Dental care.

j. Mental hygiene.

k. Care for children with crippling diseases, especially rheumatic fever.

l. Treatment as needed for other adverse health conditions.

m. Demonstration areas for the development of improved techniques to meet the needs with respect to the school health programs of the individual States.

n. Organized program of parent participation and education.

o. Health services for school personnel.

Coordinating committee

Turning its attention to activities of the Federal Government with regard to school health programs, the subcommittee, in recognition of the need for cooperative planning among the various Federal agencies, recommended appointment of an official coordinating committee.

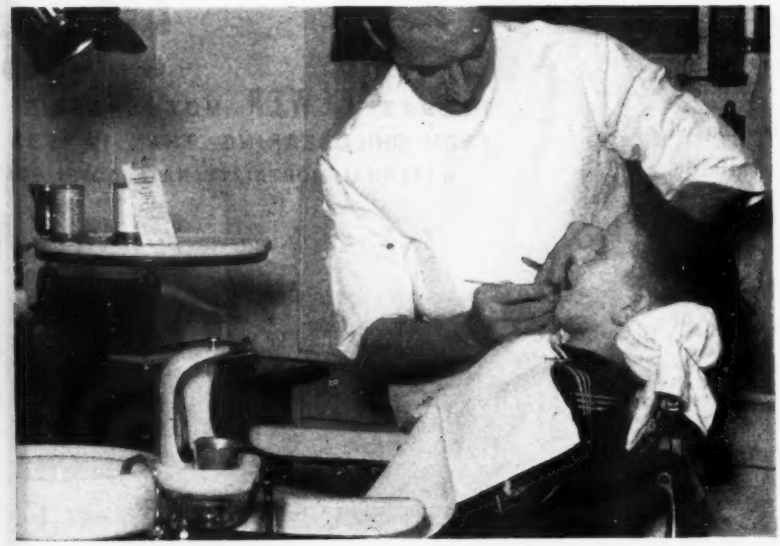
This committee, with the title of "The Inter-Agency Committee on Health Programs for School-Age Children," has since been appointed by the Chief of the Children's Bureau, the Surgeon General, and the Commissioner of Education.

The members are: Dr. Katharine Bain, Director of Division of Research in Child Development, Children's Bureau; Dr. Mayhew Derryberry, Chief of Field Activities and Health Education, U. S. Public Health Service; and Frank S. Stafford, Chief, Health and Physical Education, U. S. Office of Education.

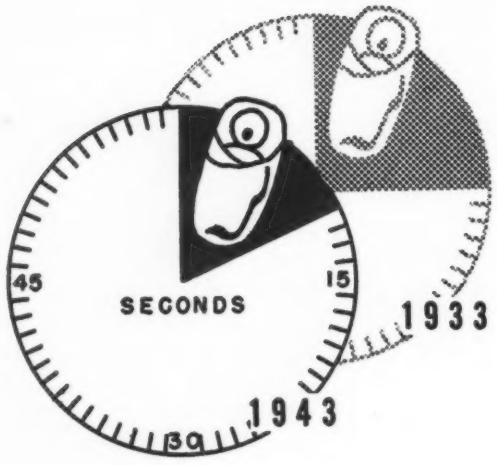
This committee will take part in coordinating existing programs, in planning any extension of these programs, in the formulating of over-all policies, and in the setting up of regulations governing the administration of any funds that may be made available.

BOBBY, IN HIS FIRST YEAR AT SCHOOL, is being treated by the school dentist. If he receives care every year he will never have serious teeth problems.

Photograph by Office of War Information



TEN-YEAR MATERNAL AND INFANT-MORTALITY RECORD POINTS UNFIN



A baby was born every 15 seconds in 1933, the year when the Nation was trying to pull itself out of its worst economic depression.

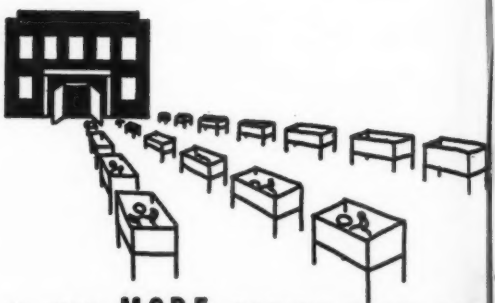
A baby was born every 11 seconds in 1943, the year when the Nation was at a peak of war activity.

Two million babies were born in 1933; three million in 1943. The birth rate rose from 16.6 births per 1,000 population in 1933 to 21.5 births per 1,000 population in 1943.

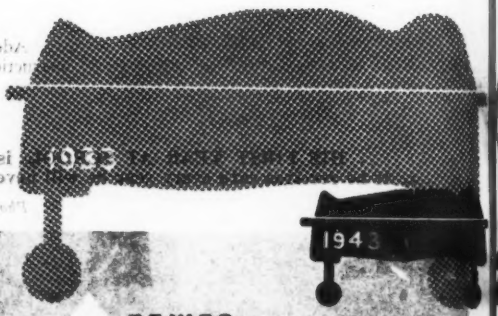
The facts shown on these pages are based on Census data for 1943, the latest available. When later figures come out they will undoubtedly show that the problems facing us in saving mothers' and babies' lives will not be materially different.

A detailed account of 1933-43 progress in reducing maternal and infant mortality will appear in an early issue of *The Child*.

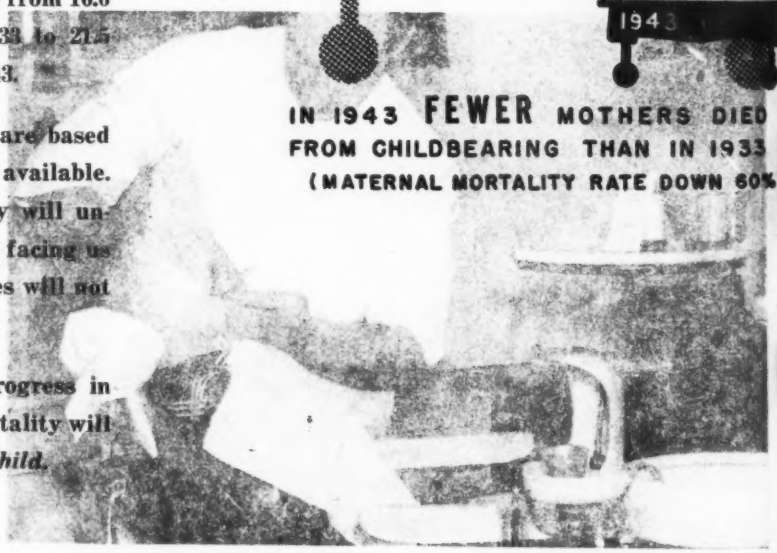
PROGRESS 1933-43



IN 1943 **MORE** BABIES WERE BORN IN HOSPITALS THAN IN 1933 (INCREASE 106%)



IN 1943 **FEWER** MOTHERS DIED FROM CHILDBEARING THAN IN 1933 (MATERNAL MORTALITY RATE DOWN 60%)



UNFINISHED BUSINESS IN SAVING MOTHERS' AND BABIES' LIVES

BUT EVEN IN 1943

17
STATES WERE BELOW THE NATIONAL AVERAGE IN HOSPITAL BIRTHS (NATIONAL AVERAGE 72%)

819,000
BABIES WERE NOT BORN IN HOSPITALS

204,000
BABIES WERE BORN WITHOUT A DOCTOR

21
STATES WERE LESS SUCCESSFUL THAN THE NATION AS A WHOLE IN SAVING MOTHERS' LIVES
(RATE FOR NATION: 25 MATERNAL DEATHS PER 10,000 LIVE BIRTHS)

7,000 MOTHERS DIED FROM CHILDBEARING
- WHITE 5,000
- NEGRO 2,000

RISKS OF CHILDBEARING WERE TWICE AS GREAT FOR NEGRO MOTHERS AS FOR WHITE MOTHERS

4,500 MOTHERS DIED FROM THE TWO CAUSES, INFECTION AND TOXEMIA

MOST OF THESE DEATHS COULD AND SHOULD HAVE BEEN PREVENTED

(*Continued on page* 58)

TEN-YEAR MATERNAL AND INFANT-MORTALITY RECORD POINTS TO UNFINI

FIVE TIMES as many babies died in 1943 as there were U. S. servicemen killed in action in that year of world-wide war. Our loss of men on the battle front was 24,000. Our loss of babies (in their first year) on the home front was 118,000.

1943's record showed a gain over 1933, when 121,000 babies died. But we have far to go before we can claim that every infant death is unavoidable, unpreventable.

Adequate nursing and medical care would have saved many of the babies who died in 1943 from prenatal and natal causes, responsible for the death of 71,000.

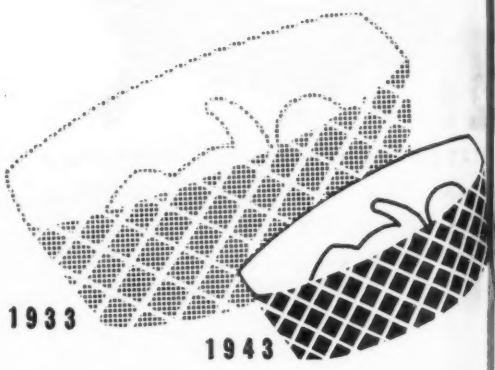
Adequate medical and nursing care would have saved all, or practically all, of the babies who died in 1943 from such infectious diseases as these: Influenza and pneumonia, which killed 18,000; dysentery, diarrhea, and enteritis, which killed 10,000; epidemic and other communicable diseases, which killed 4,000.

Records of progress in the past count for little unless they are used to draft plans for progress in the future.

As the charts on these pages show, the route to progress ahead lies in getting more and better care for babies in the States that have been less successful in saving babies' lives than the Nation as a whole (and in handicapped areas even in States that have a better record than the national average); in doing a better job of caring for mothers during pregnancy and at childbirth.

PROGRESS 1933-43

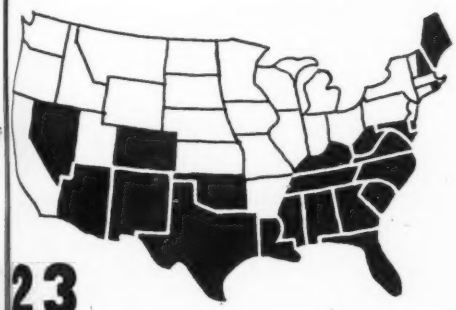
IN 1943, THOUGH MANY MORE BABIES WERE BORN, **FEWER** BABIES DIED IN THEIR FIRST YEAR THAN IN 1933
(MORTALITY RATE, FIRST YEAR OF LIFE, DOWN 31%)



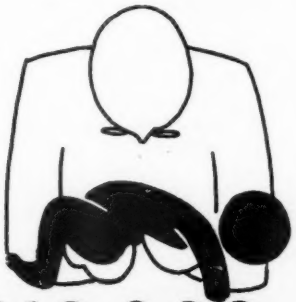
IN 1943 A BABY'S FIRST DAY OF LIFE WAS **LESS** DANGEROUS THAN IN 193
(MORTALITY RATE, FIRST DAY OF LIFE, DOWN 23%

UNFINISHED BUSINESS IN SAVING MOTHERS' AND BABIES' LIVES

BUT EVEN IN 1943

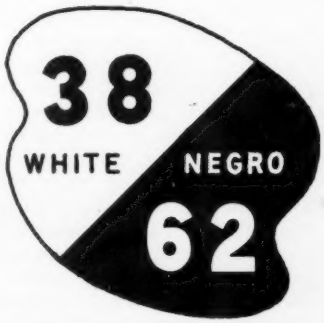


23 STATES WERE LESS SUCCESSFUL THAN THE NATION AS A WHOLE IN SAVING BABIES' LIVES
(RATE FOR NATION: 40 INFANT DEATHS PER 1,000 LIVE BIRTHS)



118,000 BABIES DIED IN THEIR FIRST YEAR

- WHITE 97,000
- NEGRO 20,000
- OTHER 1,000



RISKS OF DEATH FOR NEGRO BABIES WERE MUCH GREATER THAN FOR WHITE BABIES

29 PERCENT OF ALL THE BABIES THAT DIED IN THEIR FIRST YEAR OF LIFE DIED BEFORE THEY WERE A DAY OLD

34,000	24,000	14,000	46,000
UNDER 1 DAY	1 TO 6 DAYS	1 TO 3 WEEKS	1 TO 11 MONTHS

For reprints write to U. S. Children's Bureau, Washington 25, D. C.

STATES IMPROVE CHILD-LABOR STANDARDS

1945 Legislatures Enact Better Child-Labor and Compulsory-School-Attendance Measures

by NORENE McDERMOTT
Industrial Division, U. S. Children's Bureau

During the early months of 1945, when most of the State legislatures that met this year were in session, the Nation was still at war and the prospect of peace was far away. In spite of this, pressure to break down child-labor standards decreased noticeably and a pronounced change for the better took place in the trend of State child-labor legislation.

For the first time since Pearl Harbor the backward steps in legislation were fewer and less significant than the advances. Many outstanding improvements were made in State child-labor laws, as well as in workmen's compensation laws as they affect illegally employed minors. The trend toward better compulsory-school-attendance laws, which was evident even in the prior war years, has continued.

This upsurge of interest in improving legislative measures may be attributed to various factors, such as the growing realization among the public of the lacks in the present laws and definite efforts on the part of organizations and individuals to obtain improvements in such laws.

The unprecedented demand for young workers during wartime had pointed up as never before the gaps in coverage and other inadequacies of State child-labor laws. As a result, individuals as well as organizations began to recognize the urgent need for strengthening both child-labor and compulsory-school-attendance legislation. Moreover, wartime peaks in employment were subsiding in some communities. This lessened to some extent the demand for young workers and offered an opportunity for beginning a drive for better standards.

Just before the 1945 legislative sessions, the Children's Bureau initiated a drive to encourage the States to establish a 16-year minimum age for employment in any manufacturing or mechanical establishment at any time and in any gainful occupation during school hours. Improvement of other child-labor standards was also urged. This drive served to emphasize the lack of child-labor protection and no doubt encouraged and helped State movements for the improvement of child-labor legislation.

The National Child Labor Committee gave stimulus and help to the movement.

The A. F. of L. and the C. I. O. at their annual conventions adopted resolutions uring States to set a 16-year minimum age for employment.

The Eleventh National Conference on Labor Legislation in December 1944 went on record in favor of immediate action to establish under State laws a 16-year minimum age for employment at any time in "manufacturing, mechanical, and processing occupations," and in all other occupations a 16-year minimum age for work during school hours and a 14-year minimum for work outside school hours and during vacations.

I.A.G.L.O. favors standard

State labor commissioners, through their organization, the International Association of Governmental Labor Officials, have for years urged a similar standard.

During 1945 the legislatures of 44 States, Alaska, Hawaii, and Puerto Rico met in regular session; those of 2 others, Kentucky and Virginia, met in special session. Louisiana and Mississippi were the only States in which the legislatures did not meet.

In more than half the legislatures bills were introduced to improve legislation affecting young workers. Many of these bills were successful. Child-labor laws were improved in 7 States—Illinois, Maine, New York, Connecticut, Rhode Island, California, and Nebraska—and Hawaii, as were compulsory-school-attendance laws in 5 States—Georgia, North Carolina, Oregon, Texas, and West Virginia. Improvements in the status of illegally employed minors under workmen's compensation acts were made in New Jersey, Iowa, and Minnesota.

In one other State, Georgia, a new child-labor law was adopted by one house before the legislature recessed and is to be considered in the other house in January, 1946, when the legislature reconvenes.

Child-labor committee formed

In addition, the Michigan legislature, although it failed to enact a revised child-labor law, created a committee to study the problems of child labor and to recommend legislation for correction of any abuses found.

The important industrial State of Illinois passed a new child-labor act, to be effective 6 months after the end of the war has been declared.

The most significant improvement that will be brought about by the new act in Illinois is the adoption of a higher minimum-age standard. In establishments that now have a 14-year minimum for work at any time and in several additional types of establishments, the law sets a 16-year minimum for work during school hours and a 14-year minimum for work outside school hours.

The employment-certificate provision has been strengthened by the new Illinois act. This act includes a requirement that children under 16 years of age be allowed 30 minutes for meal periods. The work of school children under 16 employed outside school hours will be limited to 3 hours a day. The present provision limiting combined hours of school and work to 8 a day is retained. Employment of children in farm labor is specifically exempted from the provisions of the law. Special provisions are included for child actors appearing in plays or musical comedies with professional traveling theatrical companies.

Although the revision of the law has in general strengthened it, in

some respects certain provisions have been weakened. For example, the provisions restricting maximum hours of work and night work will be applicable only to specific establishments instead of to all gainful occupations as at present.

Maine raises minimum age

Maine strengthened its child-labor law in several particulars. It raised from 14 to 15 the minimum age for employment in any manufacturing or mechanical establishment, bowling alley, or poolroom, and also established a 15-year minimum age for work in laundries and bakeries. It raised from 14 to 15 the age at which a child of subnormal mental capacity may obtain a work permit.

Maine also established a minimum age of 18 for any work that the Commissioner of Labor and Industry determines to be hazardous in manufacturing or mechanical establishments, laundries, or bakeries. The maximum 54-hour week for children under 16 and for women in specified establishments was extended to apply to hotels.

Improvements in provisions relating to hours of work of minors were also made in New York, Connecticut, Rhode Island, and Hawaii.

Wartime employment of school children has demonstrated anew the need for controlling hours of work of in-school youth. One-fourth of the States introduced bills to regulate such work. In addition to Illinois, which as already noted included in its new act a limitation on hours of work of in-school youth, one other State, New York, enacted such legislation, effective January 1, 1946, applying to the hours of work of youth under 17 years of age. New York is the second State to control hours of part-time work for students after they reach 16 years of age. California has limited, for many years, the combined hours of school and work of both 16- and 17-year-old minors as well as those under 16. In the New York act, the hours of work of in-school youth under 16 are limited to 3 a day on school days and 23 a week in school weeks; the hours of such young persons who are 16 years old are limited to 4 a day on school days and 28 a week during school weeks. Farm labor is exempted from the act for both age groups, and the sale and distribution of newspapers is exempted for minors of 16.

Connecticut reduced from 52 to 48 the maximum weekly hours which any minor under 16, or any female, may work in restaurants, cafes, barber shops, and a few other types of establishments. This act is to become effective 6 months after the rescinding of the Federal employment-stabilization regulations. (These were rescinded August 17, 1945.)

Rhode Island limited, for the first time, the night work of minors 16 and 17 years of age. In an act to become effective January 1, 1946, it prohibited the work of such minors between 11 p.m. and 6 a.m. in any factory, manufacturing, or mechanical establishment. Hawaii limited the employment of children between the ages of 12 and 14 to 30 hours a week and 6 hours a day, except in domestic service, street trades, and work for their parents.

Children employed on farms

A significant development this year is the enactment of legislation in Hawaii and New Jersey that will benefit children employed in agriculture. In New York, the 1944 act requiring farm work permits for employment of minors 14 and 15 years of age in farm service, which would have expired July 1, 1945, was continued for one more year.

Hawaii clarified the provision of its law which sets a minimum age for employment of children in agriculture at times when the child is not legally required to attend school, definitely setting this age at 12 years. At the same time it brought all children under 16 engaged in such work within the coverage of the employment-certificate provisions of the child-labor law, as well as of those regulating hours, night work, and meal periods. Hawaii also extended the coverage of its wage-and-hour law so as to apply to any employee working in agriculture during any workweek in which his employer employs 20 or more persons, as well as to employees working in certain other occupations. The minimum hourly wage rate is raised by the new act from 30 cents (25 cents in certain counties) to 40 cents. This act, however, provides specifically that a lower rate may be set for children 14 years of age and under, by regulation of the department of labor and industrial relations of the Territory of Hawaii.

15-YEAR-OLD Walter works in a grocery store 2 hours a day after school 5 days a week—Monday to Friday—and 8 hours on Saturdays. These working hours are legal for a schoolboy of his age under the child-labor laws of his home State.

Photograph by Office of War Information

Of far-reaching significance is the New Jersey act that creates within its department of labor a division of migrant labor. One of the duties of the division is to enforce the child-labor law with respect to children in migrant-labor camps.

Two States, California and Nebraska, improved the administrative provisions of their child-labor laws. California inserted a penalty for violation of the provisions relating to employment of children in public performances. Nebraska authorized the State department of labor to prescribe forms for age and schooling certificates, repealing the provision of the law specifying certain forms which had become obsolete.

Laws strengthening school-attendance requirements are a strong support to minimum-age standards.

Better school-attendance laws

Georgia and North Carolina were the only States having less than a 16-year upper age for compulsory school attendance at the beginning of this year. Both were successful in adopting new compulsory-school-attendance laws. The Georgia law requires attendance of children between 7 and 16 years of age instead of between 8 and 14 as formerly. The minimum period of annual school attendance required is lengthened from 120 to 175 days or to the full term that school is in session. Enforcement provisions are also strengthened by the new act. The North Carolina law sets the upper age for compulsory attendance at 15—to be raised to 16 on July 1, 1946. Both laws permit some exemptions.

Oregon lowered the beginning age for required school attendance from 8 years to 7. Both Oregon and Texas narrowed the exemptions under which children under 16 are excused from required school attendance, and West Virginia strengthened the provision of its law authorizing free transportation for certain school children.

In 3 States important amendments were made to workmen's compensation laws. In Iowa and Minnesota illegally employed minors were brought within coverage of such laws. New Jersey raised from 16 to 18 the age under which double compensation is paid in case of injury to minors employed without a certificate or employed in a prohibited occupation.

Some backward steps taken

The most serious backward step in child-labor legislation was taken in Hawaii, which, while adopting the improvements previously described, lowered from 16 to 12 the minimum age for factory work during periods when the child is not required to attend school. The 16-year minimum age is retained, however, for such work during periods when the child is required to attend school.

Other regressive acts include amendments to hazardous-occupations laws of Maryland, Massachusetts, and Utah.

Five States—California, Indiana, New York, Ohio, and Utah—extended for 1 or 2 years, or until the end of the war, relaxations that were scheduled to expire in 1945.

At the same time, however, a tightening up of relaxations began. California extended its Minors' Emergency War Employment Act, but at the same time provided that the department that recommends the issuance of a permit may also recommend its revocation when it finds that the permit is no longer necessary to increase production. Even more indicative of the tightening up is the fact that Indiana did not extend an emergency act authorizing release of children from school for work in agriculture.

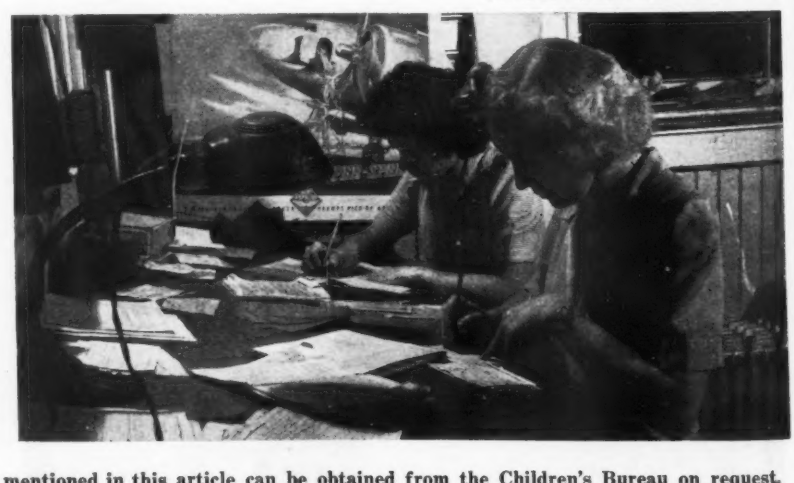
In this connection it is of interest that the Secretary of Labor ordered, effective September 4, 1945, the withdrawal of the 1942 exemption from the 18-year minimum age for girls employed under the Walsh-Healey Act. That exemption permitted girls of 16 and 17 to be employed under certain conditions.

Review of results

A review of the results of the 1945 legislative year shows that considerable progress has been made, particularly in view of the fact that we were still at war when the legislatures were in session. Although some acts lowering standards were passed this year and the advances made were not as far-reaching as could be desired, still the gains outweigh the losses, and the way is paved for greater improvements in employment protection for children and young people in the years ahead.

THE FIRM EMPLOYING these 16-year-old girls did not hire them until it had obtained age certificates for them from the local school authorities. The firm knows, therefore, that it is not breaking the child-labor law of the State by employing children under 16 years during the hours when school is in session.

Photograph by Office of War Information



Note: Further information on any act mentioned in this article can be obtained from the Children's Bureau on request. A limited supply of reprints of this article will be available from the Children's Bureau, Washington 25, D. C.

MEXICO REORGANIZES ITS CHILDREN'S AGENCY

by ANNA KALET SMITH
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Mexico's new Bureau of Child Health and Welfare has responsibility for the health and welfare services for mothers and children provided by the Federal Government. This Bureau (Dirección General de Higiene y Asistencia Infantiles), which is a unit of the Federal Department of Health and Welfare (Secretaría de Salubridad y Asistencia), replaces the former Bureau of Child Welfare as a result of a reorganization of the health and welfare work in the Federal Government, which took place in the fiscal year 1943-44. The new Bureau not only directs services in the Federal District, as was done by the former Bureau, but also those in the States and Territories. In general the activities of the present Bureau are more extensive than those of its predecessor.

The Bureau of Child Health and Welfare consists of a Division of Medical and Social Care (Departamento de Asistencia Médico-Social) and a Division of Social Welfare for Mothers and Children (Departamento de Acción Social, Infantil y Maternal).

Division of Medical and Social Care

The Division of Medical and Social Care has charge of the Bureau's health centers for mothers and children. Seventeen such centers were located in the Federal District alone in 1944. Public-health nurses on the staff of these centers call on mothers at home to urge them to come to these centers. They teach the mothers how to care for their own health and their children's and how to prepare food for the family. These nurses also carry out treatment prescribed by physicians.

Medical care, consisting of physical examinations and treatment in illness, is provided by the Bureau to children in day-care centers, in foster homes, and in institutions for dependent and delinquent children. For the purpose of medical supervision Mexico City is divided into 14 zones, each in charge of a physician, who is assisted by other physicians—an ophthalmologist, an ear, nose, and throat specialist, and a dermatologist — and by a dentist. The children are examined twice a year. Treatment is given for illnesses or defects, and in cases of emergency.

Mental-hygiene clinic established

In 1944 the Bureau established a mental-hygiene clinic in an effort to prevent mental ill health among children and to rehabilitate problem children.

The Bureau's Division of Social Welfare for Mothers and Children considers social case work with individuals as one of its most important functions. It recognizes the importance of family life for the child, and it follows the principle that poverty of itself should never be a cause for removing a child from his home.

Social workers on the staff of the Division investigate the cases of children in day-care centers, foster homes, and institutions. In some institutions it has been possible to investigate the case of every child, and children whose stay at the institution was found to be unwarranted have been returned to their families. Many children benefited through economic aid given to the family by the Bureau or by one of the committees of volunteers cooperating with the Bureau. This Division also investigates persons who wish to adopt children.

Another activity of the Division during 1943-44 was the supervision of school lunches in 34 places in the Federal District.

The Division of Social Welfare for Mothers and Children also directs the work of 26 mothers' clubs in the Federal District.

The Division of Social Welfare is responsible for the supervision of children cared for in foster families in Mexico City. The number of such children was about 450 in 1944. The board for these children was paid by the Bureau of Child Health and Welfare.

The committees of volunteers mentioned previously play an important part in the Bureau's work. During the year these committees collected funds with which they established several day-care centers, maintained a children's clinic and a school-lunch program, and purchased clothing and toys for distribution among children. These committees also gave financial help to the mothers' clubs.

Other work reported by the Bureau for its first fiscal year includes publication of material for use by physicians and others engaged in work for mothers and children; issuance of regulations for subordinate agencies; preparation of a book on child hygiene for the use of rural teachers; and compilation for publication of the proceedings of the First National Congress of Social Welfare, held at Mexico City in 1943.

Through an agreement with the Rockefeller Institute of New York, the Bureau with the aid of the Institute will convert one of its health centers for mothers and children into a training center for physicians and other workers in the maternal and child-health field.

During the fiscal year 1943-44, the Bureau also made a study of measures for improvement of the legal and social status of neglected and dependent children.

Source:
Secretaría de Salubridad y Asistencia Memoria, 1943-1944, *México*, 1945.

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The American Social Hygiene Association has established a committee on Inter-American Cooperation as a section of the Association's general advisory committee, according to an announcement by Dr. Thomas Parran, Surgeon General, United States Public Health Service, who is chairman of the general advisory committee.

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Msgr. John A. Ryan 1869-1945

A brave campaigner in the struggle for human betterment was lost to the Nation and to the world when the Rt. Rev. Msgr. John A. Ryan died September 16.

Throughout his life Msgr. Ryan crusaded for social reform through forward-looking legislation. In 1909 he published a comprehensive program for such reform. Some of the items included were setting of a minimum wage, an 8-hour maximum working day, a minimum age of 16 for employment of children, creation of boards to provide for conciliation and arbitration in labor disputes, State employment agencies, municipal housing, and State insurance to meet unemployment, accidents, sickness, and old age.

In 1911, when no State in the Union as yet had a minimum-wage law, Msgr. Ryan wrote a bill providing for a minimum wage for women and children, which was introduced in the Minnesota legislature. It failed of enactment, but 2 years later another bill written by Msgr. Ryan passed, and by that time his efforts had set an example that was being followed by a number of States.

During the first World War Msgr. Ryan drew up a program for social reconstruction. This program was promulgated in 1919 by the National Catholic War Council, which was the predecessor of the National Catholic Welfare Council. To achieve the goals of this program, which was known as the "Bishops' program," the Council established its social-action department, of which Msgr. Ryan was director from 1920 until his death.

Msgr. Ryan was an ardent worker for the proposed child-labor amendment, urging ratification in a pamphlet published by the National Child Labor Committee and in many other public statements.

The Government often called upon Msgr. Ryan for advice on social and labor problems. He was a member of the advisory council to the Committee on Economic Security, which planned the Social Security Act.

Msgr. Ryan's courageous spirit and penetrating insight into the economic foundations of social institutions, particularly the family, and his constant advocacy of measures that would promote high standards of living and safeguard children and youth place him in the front rank of social statesmen.

First Inter-American Congress on Social Service

"Social Service for the Protection of Children and Adolescents" was the subject of a paper by Katharine F. Lenroot, Chief of the Children's Bureau, presented at the First Inter-American Congress of Social Service, at Santiago, Chile, September 9 to 15, 1945. In Miss Lenroot's absence, the paper was read by Mrs. Elisabeth Shirley Enochs, Director of the Inter-American Cooperation Unit of the Children's Bureau and chairman of the United States delegation to the Congress.

The other members of the United States delegation were: Mary Cannon, Director, Inter-American Division, Women's Bureau, Department of Labor; Jane M. Hoey, Director, Bureau of Public Assistance, Social Security Board, Federal Security Agency; the Rev. Lucian Lauerman, Director, National Catholic School of Social Service, Washington D. C.; Walter W. Pettit, Ph. D., Director, New York School of Social Work, New York; and Mrs. María Pintado de Rahn, Director, Department of Social Work, University of Puerto Rico, Rio Piedras, Puerto Rico.

I. L. O. Meets at Paris

Welfare of children and young workers is a major item on the agenda of the twenty-seventh session of the International Labor Conference, which opens in Paris, October 15. This subject, which has been conidered by the Conference in various aspects at a number of its sessions since 1919, appears on the 1945 agenda with special significance owing to the effects of the war on children in many countries. These effects, in the words of a report of the International Labor Office, "have greatly aggravated the social problems affecting children and young workers and have seriously endangered the future of the younger generation."

Katharine F. Lenroot, Chief of the Children's Bureau, is attending the Conference as a member of the United States Government delegation. She will participate in the Conference discussions concerning children and young people.

Miss Lenroot was one of the 15 experts from various countries who met in Montreal last May at the invitation of the International Labor Office to advise the Office on matters that should be included in the material prepared by the Office for consideration at the Conference in regard to the welfare of children and youth.

The United States Government delegates are Frances Perkins, former Secretary of Labor, and Elbert D. Thomas, United States Senator from Utah. Miss Lenroot is one of the technical advisers to these delegates.

David Zellerbach represents United States employers; Robert J. Watt, United States workers.

Provision should be made which will lessen the present tendency of the unemployment compensation laws to deter children from returning to school. This can be done by regarding a person of school age as available for work, if he is prepared to accept employment, even though he is attending school. In effect the young worker will be spending his waiting time in school rather than idling his time away. I do not mean that going to school can be used as a subterfuge to avoid working. It would only apply to those who in good faith want to work but cannot secure work and would prefer to study rather than to loaf.

From statement by L. B. Schwellenbach, Secretary of Labor, before Senate Finance Committee, September 1, 1945.

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